DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services DDE-31A (Rev. 01/2004)

CORE HUMAN SERVICES REPORTING SYSTEM MULTIPLE CLIENTS

STATE OF WISCONSIN
SOS Desk (608) 266-9198
Completion of this form meets the requirements
of the State / County contract specified under
Wisconsin Statutes. S. 46.031(2g)

CLIENT	REGISTRATION	te)	MOI	DULE T	YPE I		Ent	er eithe	r the client	t ID (fie	ame, bi	rthdat	e and sex	c (fields 3-5).						
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Shaded areas optional.

^{*}Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease. Exclude SPCs 201, 203, 204 & 504 where days are calculated in the module.

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